

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. NIAD-214.1 US	
First Inventor or Application Identifier JACOBSON et al		Title METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CELLS	
Express Mail Label No. EL649533854US		PTO/SB/05 (2/98)	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) Total Pages 12		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
- Descriptive title of the invention		a. <input type="checkbox"/> Computer Readable Copy	
- Cross References to Related Applications		b. <input type="checkbox"/> Paper Copy (identical to computer copy)	
- Reference of Microfiche Appendix		c. <input type="checkbox"/> Statement verifying identity of above copies	
- Background of the invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the invention		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
- Detailed Description		10. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
- Abstract of the Disclosure		12. <input type="checkbox"/> Preliminary Amendment	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 4		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3		14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) <input checked="" type="checkbox"/> Statement filed in prior application, Status is proper and desired	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		15. <input type="checkbox"/> Certified Copy of Priority Document(s)	
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)		16. <input checked="" type="checkbox"/> Other: Check For Filing Fee	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)			
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group / Art Unit:			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or bar code label		<input checked="" type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
Name Fulbright & Jaworski LLP			
Address 666 Fifth Avenue			
City New York		State New York	
Country USA		ZIP Code 10103	
Telephone 212-318-3000		Fax 212-318-3400	
Name (Print/Type) Norman D. Hanson		Registration No (Attorney/Agent) 30,946	
Signature <i>Norman D. Hanson</i>		Date April 12, 2001	

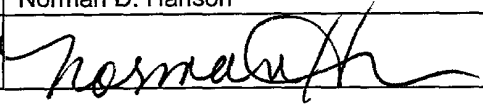
FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-214.1

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	16- 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$_____
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: April 12, 2001	